

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015507  
1943  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1943

FILED APR 20 1962

## I. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kansas City**

Length of stay in lb  
**69 Years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **400 J.C. Nichols Road**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**8407 Ward Parkway Plaza**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **GEORGE**

Middle **ANTHONY**

Last **THOMPSON, Sr.**

4. DATE OF DEATH

Month **April**

Day **5**

Year **1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-26-1889**

9. AGE (last birthday)  
**73**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Service Manager**

10b. KIND OF BUSINESS OR INDUSTRY  
**Burroughs Corp.**

11. BIRTHPLACE (City and state or country)  
**Talmage, Nebraska**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**William F. Flurer**

13b. MOTHER'S MAIDEN NAME

**Olive Herndon**

14. NAME OF HUSBAND OR WIFE

**Della May Thompson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT Address **8407 Ward Park- Mrs. Della May Thompson, way Plaza, K.C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute Coronary Occlusion**

INTERVAL BETWEEN ONSET AND DEATH  
**min -**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Coronary Insufficiency**

**?**

DUE TO (c)

**ant. Sclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Essential Hypertension**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1950** to **4 April 62** and last saw him alive on **4 April 62**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Robert M. Myers M.D.**

22b. ADDRESS

**906 Grand Ave.**

22c. DATE SIGNED

**6 April 62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE

**April 7, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park**

23d. LOCATION (City, town, or county)

**Kansas City, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Freeman Mortuary, Kansas City, Mo.**

25. DATE RECD. BY LOCAL REG.

**4-6-62**

26. REGISTRAR'S SIGNATURE

**Ruth Long**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Robert M. Myers MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1.

3438

3

4 0

5 1

6

7 1

8 0

94201

10

11

1271-0

13

Dr. Robert Myers  
Rialto Bldg.  
Send certificate to Dr. Myers' office Fri. morning.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clayton K. Barnes*

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.